

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/12/03.

I. DISPUTE

Whether there should be additional reimbursement for DME for the dates of service 05/10/02, 05/13/02, 09/25/02.

II. RATIONALE

DME code A4556 in the amount of \$270.00 was denied, M-Reduced to fair and reasonable” for the date of service 09/25/02. Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The respondent reimbursed the requestor \$85.00, leaving \$170.00 in dispute. The requestor submitted documentation that indicates that their charges were fair and reasonable in the form of redacted EOBs from other carriers. The respondent did not provide documentation that supports their fair and reasonable rate of reimbursement. Therefore, based on the information submitted by the requestor, additional reimbursement is recommended in the amount of **\$170.00** for the date of service 09/25/02.

For the date of service 05/13/02 the carrier denied services as “F-Reduction according to fee guidelines.” The requestor billed and rendered services according to MFG DME ground rule (VI)(A) Rental/Purchase. The requestor submitted a letter of medical necessity for supply rentals longer than one month, per a letter dated 04/25/02. Therefore, based on this information reimbursement in the amount of **\$170.00** is recommended for the date of service 05/13/02.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for DME code A4556. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$340.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 15th day of December 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

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